

# Unannounced Day Care Setting Inspection Report 29 June 2016



## Station Road Resource Centre

**Address: Station Road, Armagh, BT61 7NP**

**Tel No: 02837412415**

**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Station Road Resource Centre took place on 29 June 2016 from 9.45 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

One recommendation was made for improvement within “is care safe” domain. This related to ensuring the service users care plan reflects the risk of choking and measures in place to minimise the identified risk.

There were examples of good practice with mandatory training, staff supervision, risk assessments and reviews undertaken.

### Is care effective?

No requirements or recommendations were made within the “is care effective” domain.

There were good examples of the provision of effective care from service users and staff with positive comments made in this regard. Quality assurance audits were conducted and service user satisfaction survey undertaken during 2015. Action was taken to address issues arising from analysis of audits and survey.

### Is care compassionate?

No requirements or recommendations were made within the “is care effective” domain. There were good examples of the provision compassionate care. Service user views are sought in respect of their care with choice and preferences sought and recorded. Service users were observed to be treated with dignity and respect by staff.

### Is the service well led?

One recommendation was made for improvement within the “well led” domain. Improvements included:

- Inclusion of an index within policies/procedure file.
- Cross referencing of hard copy policies with those held electronically.
- Restating of one recommendation for a second time which was made at the previous care inspection (ref: page 5 Recommendation 3).

There were systems and processes in place to support good governance arrangements.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

Details of the QIP within this report were discussed with Leanne Cornett, assistant manager and Martin McKenna, day care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation / registered person:</b> Southern HSC Trust/ Francis Rice	<b>Registered manager:</b> Margaret Elizabeth McShane
<b>Person in charge of the day care setting at the time of inspection:</b> Martin Mc Kenna	<b>Date manager registered:</b> 21/02/2014
<b>Number of service users accommodated on day of Inspection:</b> 10	<b>Number of registered places:</b> 30

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- Registration status of the day care setting
- Review of previous inspection report/QIP dated 05 November 2015
- Notifications of accidents/incidents
- Written and verbal communication received since the previous care inspection did not reveal any concerns.

During the inspection the inspector met with several service users, three care staff and the assistant manager. No professionals or service users' visitors/representatives visited the centre during the inspection.

A total of fifteen satisfaction questionnaires were provided for distribution to staff, service users and representatives for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Statement of Purpose
- Service user guide
- RQIA registration certificate
- Policies/Procedures
- Three service users care records
- Complaints records
- Accident/incident records
- Service user meetings
- Staff meetings
- Staff training records
- Supervision/appraisal records
- Equipment records
- Fire risk assessment
- Monthly visits made on behalf of the registered provider
- Audits
- Service user individual agreements
- Activities programmes.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 05 November 2015

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 05 November 2015

Last specialist inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2015	The registered manager should make appropriate arrangements for staff to improve their recording in the care plans. The plans should incorporate service user's preferences and choices into the detail of how to meet identified needs and use a more person centred and individualised way of recording.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Training has been provided. Examination of three care records evidenced that this recommendation has been addressed.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 15 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2015	The registered manager should make appropriate arrangements in this day care setting for all service users have a review at least annually. The review process should include discussion and written evidence of service user's views, comments and preferences. This should be incorporated into the plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review meeting, consultation and record must be signed by the service users and staff, and changes must be incorporated into the plan which should be updated annually.	
<b>Recommendation 3</b>	The registered manager should improve the	<b>Partially Met</b>

<b>Ref:</b> Standard 18 & Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2016	settings policies and procedures. They should be updated and reviewed to ensure they are compliant with standard 18 and schedule 2. Specifically the following policies need to be made available for staff reference regarding standard 8: <ul style="list-style-type: none"> <li>• service users' meetings and forums</li> <li>• service users' involvement in activities and events</li> <li>• communications with carers and representatives</li> <li>• quality improvement.</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The day care worker explained that a working group had been established to review and revise all policies and procedures and develop new policies in keeping with those listed within Day care settings minimum standards (2012).</p> <p>Two of the above listed policies entitled; Service users meetings and forums and service users' involvement in activities and events have been developed. The development of the remaining two is work in progress.</p> <p><b>This recommendation is restated for a second time.</b></p>	

#### 4.3 Is care safe?

On the day of inspection staff on duty included one day care worker, three day care support workers, one catering staff and one administration staff. Martin McKenna, day care worker, was in charge as the registered manager was working in another day care setting where she is also registered manager. Leanne Cornett, assistant manager who was also working in another day care centre during the morning came to Station Road during the afternoon of the inspection.

The day care worker in charge and staff confirmed that staffing levels were satisfactory and that these were subject to regular review to ensure the assessed needs of the service users were met. The staff duty roster reflected staff on duty and the hours worked each day.

The day care worker and assistant manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period of time in the absence of the manager. Examination of one assessment evidenced compliance.

Review of staff induction records and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Staff stated felt they were well supported in their role and responsibilities by the assistant manager and provision of three monthly individual staff supervision and annual appraisal.

All care staff holds a level of qualification in either NVQ levels 2/3 or QCF levels 3/4

Examination of the recruitment and selection policy and procedure confirmed compliance with current legislation and best practice.

Discussion with the day care worker in charge confirmed that staff were recruited in line with Regulation 21 (1) (b); Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department. One recently appointed staff member explained the process including application, interview, access NI check, and induction programme.

The assistant manager reported that the Northern Ireland Social Care Council registration status of staff were closely monitored with an electronic tracker in place. This was viewed and evidenced that all staff registrations were in date.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of the principles of adult safeguarding and aware of their obligations to raise concerns about poor practice and to whistleblowing.

Discussion with the day care worker and review of accident/incident and complaints evidenced appropriate management processes were in place to record, monitor and where necessary act on lessons to be learned. The day care worker in charge demonstrated good knowledge of the procedure to follow if a suspected, alleged or actual incident of abuse is received and that prompt referral to the relevant persons, including RQIA, and agencies with screening and where necessary investigation undertaken and written records retained.

The day care worker in charge confirmed that staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Records of training were retained in the centre. Last recorded date of ICP training was January 2016. Discussion with staff established that they were knowledgeable and had understanding of IPC procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels. Hand hygiene was a priority for the centre and efforts were applied to promoting high standards of hand hygiene among service users, staff and visitors. Staff were observed washing their hands at relevant times. The day care worker in charge explained that the trust had adopted the regional IPC guidelines as their policy. Infection prevention and control procedures were retained and could be easily accessed by staff.

Staff confirmed that there were risk management procedures in place relating to the safety of individual service users. The risk management policy was dated January 2014. Discussion with staff identified that the centre did not accommodate any individuals whose needs could not be met.

Review of care records identified that care needs assessments were complemented with risk assessments, care plans developed and evaluations recorded. Records made were noted to be dated and signed. Care needs assessments and risk assessments, for example manual handling and falls were reviewed and updated on a regular basis or as changes occurred. Care records also reflected documented evidence of multi-professional input into the service users' health and social care needs. One care record examined contained a choking risk assessment which was undertaken by the speech and language therapist. Recommendations to minimise the risk of choking were not recorded with the service user's central care plan. One recommendation was made in this regard

A general inspection of the centre including all facilities was undertaken. All areas were observed to be bright, clean, tidy, organised and fresh smelling throughout. No visual hazards were observed. The overhead hoist within one treatment room has been replaced and the kitchen repainted.

The centre's fire risk assessment was in place and staff fire drill completed on 4 January 2016. Fire alarm testing was completed and recorded weekly. Emergency lighting is checked monthly by a contracted firm.

The assistant manager confirmed that equipment in use in the centre was safe, well maintained and regularly serviced. Records were maintained.

Discussions with service users confirmed that they satisfied and described the care as very good. No issues or concerns were raised or indicated during the inspection.

Two completed satisfaction questionnaires were returned to RQIA. One was received from staff and one from a relative. Respondents indicated positive responses in the "is care safe" domain.

**Areas for improvement**

One recommendation was made within the "is care safe" domain. This related to ensuring the care plan of one resident reflected the risk of choking.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.4 Is care effective?**

Discussion with the day care worker in charge established that the service responded appropriately to and met the assessed needs of the service users in attendance each day.

Care records examined included assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care records were noted to be updated regularly to reflect changing needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Assessments and care plans examined were signed by the service user or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. This demonstrates evidence of partnership between staff to ensure the care planned and provided respects individual resident needs and preferences.

Annual reviews of each service user's placement are conducted to ensure that their health and social care needs are met and that the placement remains appropriate.

Audits of care records are undertaken and recorded by the monitoring officer during the monthly quality monitoring visits. Issues arising as a result of audit are detailed and recommendation for improvement made. Other audits undertaken included: medications, fire safety, COSHH and finance. Where necessary improvement plans are developed to address issues. Service user satisfaction surveys were conducted during 2015. Analysis of responses received resulted in changes in the provider of mid-day meals resulting in improved choice and range of food for service users.

Care records were observed to be stored safely and securely.

Service users were observed in several areas of the centre. Most were participating in planned activities. An activity board detailing the planned activities was present in the large activity room.

Service users stated they enjoyed attending the centre, meeting up with their friends and participating in various games and doing art work. Comments included, "I like coming here, and we get to play bowls, new age curling and have good fun". Another service user stated "we have lots of choice and I have a friend here who I wouldn't get to see if I didn't come".

Service users meetings are held three monthly. Some items discussed included: feedback from Diabetes Awareness training sessions, daily menus, retirement/change of the monthly monitoring officer, equipment needs and activities and training for service users including computer needs. One service user stated that they "liked the meetings because they could all meet and make plans about what they liked to do

Satisfaction questionnaires returned to RQIA following the inspection were received. One was received from staff and one from a relative. Respondents indicated that the care provided was effective.

### Areas for improvement

No requirements or recommendations were made for improvement within the "is care effective" domain.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The day care worker and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

The assistant manager, staff and service users confirmed that consent was always sought in relation to care and treatment. Observation of staff interactions with service users demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected, for example and as observed; when matters are being discussed with a service user about their care this is conducted in a private

room; assistance with personal care is provided in a private room and care records are confidential and only shared with consent and with those who need to know.

Discussion with staff and service users, observation of practice and review of care records confirmed that service users were enabled and supported to engage and participate in meaningful activities.

Discussion with staff, service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example consultations recorded within care records, recorded consent, reviews, monthly monitoring reports and service user meetings and service user support group forum. Service users confirmed that their views and opinions were taken into account in all matters affecting them.

Two completed satisfaction questionnaires were returned to RQIA within the timescale. One was received from staff and one from a relative. Respondents indicated positive responses in the "is care compassionate" domain.

### Areas for improvement

No areas for improvement were identified within the "is care compassionate" domain.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Martin Mc Kenna, day care worker who was in charge of the centre described the organisational structure and staff was aware of their roles, responsibility and accountability.

The assistant manager, Leanne Cornett came to the day care centre at 14.00. Margaret McShane who is registered with RQIA as manager since 2014 was not in the centre on the day of inspection.

The assistant manager confirmed that the centre operated in accordance with the regulatory framework. Inspection of the premises confirmed that the centre's certificate of registration with RQIA was displayed in a prominent position.

The centre's organisational structure was reflected within the statement of purpose. Staff spoken with confirmed they were familiar with organisational and management structure and their lines of professional accountability. Staff demonstrated awareness of their individual responsibility in relation to raising concerns. Service users who were able to respond were aware who to speak with if they wanted advice or had any issues or concerns...

The assistant manager and staff confirmed the health and social care needs of service users were being met in accordance with the centre's statement of purpose.

A range of policies and procedures were in place to guide and inform staff. These were held electronically and in hard copy format. One recommendation made related to the inclusion of an index in the hard copy files to provide staff with ease of access to policies. Cross referencing of policies was recommended as several hard copy policies did not match those held electronically. In addition one recommendation relating to development of two policies made at the previous inspection was restated for a second time. (Reference to this is shown in page 5)

The assistant manager explained that the trust had adopted the DHSSPS policy on Adult Safeguarding, Prevention and Partnership (2015) and that staff training had been provided. The named champion for adult safeguarding for the organisation is to be established within the near future.

The centre had a complaints policy and procedure dated February 2013. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Service users and their representatives were made aware of the process of how to make a complaint by way of the service user guide. The policy can be made available on request in disc, large font, Braille, audio cassette and other minority languages to meet the needs of those who are not fluent in English. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. Review of the complaints records established that there were clear arrangements for the management of complaints from service users and any other interested parties. The day care worker in charge confirmed that no complaints had been received since the previous inspection. No complaints were recorded within templates retained.

The assistant manager confirmed the day care centre had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. The senior day care worker in charge was aware of accidents/incidents which require to be notified to RQIA.

The centre retains compliments received. These included letters, cards and e-mails complimenting staff on the good care and support received.

Discussion with the day care worker in charge confirmed that information in regard to current best practice guidelines was made available to staff through training and availability of various published documents and trust intranet. Staff confirmed they were provided with mandatory training and additional training opportunities relevant to any specific needs of service users. For example; dysphasia, epilepsy, tracheostomy and associated suction techniques. Examination of staff mandatory training records evidenced training provided to each staff member was recorded.

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2012; reports were produced and available for service users, their representatives, staff, trust representatives and RQIA.

Review of records and discussion with the staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place where required.

The assistant manager confirmed that staff could readily access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The assistant manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. A policy on disciplinary action was in place.

Two satisfaction questionnaires were returned to RQIA following the inspection. One from staff and one from a relative. Both respondents indicated positive responses in the “is the service well led” domain.

### Areas for improvement

Three recommendations were made from assessment of the “is the service well led” domain. These were in relation to the following:

- Inclusion of an index within policies/procedure file
- Cross referencing of hard copy policies with those held electronically
- Restating of one recommendation for a second time which was made at the previous care inspection (ref: page 5 Recommendation 3).

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Leanne Cornett, assistant manager and Martin McKenna, day care worker in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Setting Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Day.Care@rqia.org.uk](mailto:Day.Care@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered manager should improve the settings policies and procedures. They should be updated and reviewed to ensure they are compliant with standard 18 and schedule 2. Specifically the following policies need to be made available for staff reference regarding standard 8:</p> <ul style="list-style-type: none"> <li>• communications with carers and representatives</li> <li>• quality improvement.</li> </ul>
	<p><b>Response by registered person detailing the actions taken:</b> This recommendation is being addressed and day care policies</p> <ul style="list-style-type: none"> <li>- communications with carers and representatives</li> <li>- quality improvement</li> </ul> <p>are being developed and shall be completed by September 2016</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> 18.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered manager should include an index in the policy manual to provide staff with ease of access.</p>
	<p><b>Response by registered person detailing the actions taken:</b> This recommendation is being addressed and shall be completed by September 2016</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager must ensure that the recommendations made following choking risk assessment are recorded within the service user care plan.</p> <p>Review of other choking risks assessments records should be undertaken to ensure recommendations made are recorded within care plans.</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been actioned.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> 18.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered manager should cross reference policies held in hard copy format with those held electronically to ensure these match.</p>
	<p><b>Response by registered person detailing the actions taken:</b> This recommendation is being addressed and shall be completed by September 2016</p>

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews